

Position Eligibility Worksheet



King County

Benefits, Payroll and
Retirement Operations

Section 1: Position information

Complete this section when a position is created, providing all information indicated. Send the form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333. When Benefits, Payroll and Retirement Operations (BPROS) completes its section and returns a copy to you, print the form, ask the employee to sign Section 4 and mail the signed form to BPROS. If you have questions, call **206-684-1556**.

Evaluator	Date evaluated (mm/dd/yyyy)
Position title	Position number
Department	Division
Name of employee, if known	Date employee entered position (mm/dd/yyyy)
Is this position new or existing? <input type="checkbox"/> New <input type="checkbox"/> Existing	If existing, position formerly held by whom?

Section 2: Evaluating the position

1. Does this position ever require at least 70 hours of compensated employment a month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this position require at least 5 months of 70 or more hours of compensated employment a month during a 12-month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If this a new position, is it expected to require at least 5 months of at least 70 hours of compensated employment a month for each of two consecutive years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this a project position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the project?	
What is the project's begin date (mm/dd/yyyy)?	
What is the project's end date (mm/dd/yyyy)?	
Will the employee be returning to a permanent eligible position at completion of the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will the employee be backfilling for an employee in an existing eligible position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will the employee be performing all the same duties as the incumbent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the employee be receiving the same benefits as the incumbent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is this a special duty position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is this position part of a float pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Benefits, Payroll and Retirement Operations only

Position is: <input type="checkbox"/> Eligible for state retirement system membership <input type="checkbox"/> Ineligible (explain)	Reviewer Date reviewed (mm/dd/yyyy)
Notes	

Section 4: Employee only

I have received a copy of this worksheet and understand the state retirement system eligibility determination for my position. I also understand that I may get more information about the determination from Benefits, Payroll and Retirement Operations by calling **206-684-1556** or by emailing kc.benefits@kingcounty.gov.

Printed name	Birth date (mm/dd/yyyy)	Employee ID
Signature	Date signed (mm/dd/yyyy)	